

FIRST REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 625
97TH GENERAL ASSEMBLY

Reported from the Committee on Financial and Governmental Organizations and Elections, May 8, 2013, with recommendation that the Senate Committee Substitute do pass.

1532S.03C

TERRY L. SPIELER, Secretary.

AN ACT

To repeal section 334.104, RSMo, and to enact in lieu thereof one new section relating to collaborative practice arrangements.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 334.104, RSMo, is repealed and one new section
2 enacted in lieu thereof, to be known as section 334.104, to read as follows:

334.104. 1. A physician may enter into collaborative practice
2 arrangements with registered professional nurses. Collaborative practice
3 arrangements shall be in the form of written agreements, jointly agreed-upon
4 protocols, or standing orders for the delivery of health care
5 services. Collaborative practice arrangements, which shall be in writing, may
6 delegate to a registered professional nurse the authority to administer or dispense
7 drugs and provide treatment as long as the delivery of such health care services
8 is within the scope of practice of the registered professional nurse and is
9 consistent with that nurse's skill, training and competence.

10 2. Collaborative practice arrangements, which shall be in writing, may
11 delegate to a registered professional nurse the authority to administer, dispense
12 or prescribe drugs and provide treatment if the registered professional nurse is
13 an advanced practice nurse as defined in subdivision (2) of section
14 335.016. Collaborative practice arrangements may delegate to an advanced
15 practice registered nurse, as defined in section 335.016, the authority to
16 administer, dispense, or prescribe controlled substances listed in Schedules III,
17 IV, and V of section 195.017; except that, the collaborative practice arrangement
18 shall not delegate the authority to administer any controlled substances listed in
19 schedules III, IV, and V of section 195.017 for the purpose of inducing sedation
20 or general anesthesia for therapeutic, diagnostic, or surgical

21 procedures. Schedule III narcotic controlled substance prescriptions shall be
22 limited to a one hundred twenty-hour supply without refill. Such collaborative
23 practice arrangements shall be in the form of written agreements, jointly
24 agreed-upon protocols or standing orders for the delivery of health care services.

25 3. The written collaborative practice arrangement shall contain at least
26 the following provisions:

27 (1) Complete names, home and business addresses, zip codes, and
28 telephone numbers of the collaborating physician and the advanced practice
29 registered nurse;

30 (2) A list of all other offices or locations besides those listed in subdivision
31 (1) of this subsection where the collaborating physician authorized the advanced
32 practice registered nurse to prescribe;

33 (3) A requirement that there shall be posted at every office where the
34 advanced practice registered nurse is authorized to prescribe, in collaboration
35 with a physician, a prominently displayed disclosure statement informing
36 patients that they may be seen by an advanced practice registered nurse and
37 have the right to see the collaborating physician;

38 (4) All specialty or board certifications of the collaborating physician and
39 all certifications of the advanced practice registered nurse;

40 (5) The manner of collaboration between the collaborating physician and
41 the advanced practice registered nurse, including how the collaborating physician
42 and the advanced practice registered nurse will:

43 (a) Engage in collaborative practice consistent with each professional's
44 skill, training, education, and competence;

45 (b) Maintain geographic proximity, **except the collaborative practice**
46 **arrangement may allow for geographic proximity to be waived for a**
47 **maximum of twenty-eight days per calendar year for rural health**
48 **clinics as defined by P.L. 95-210, as long as the collaborative practice**
49 **arrangement includes alternative plans as required in paragraph (c) of**
50 **this subdivision. This exception to geographic proximity shall apply**
51 **only to independent rural health clinics, provider-based rural health**
52 **clinics where the provider is a critical access hospital as provided in**
53 **42 U.S.C. 1395i-4, and provider-based rural health clinics where the**
54 **main location of the hospital sponsor is more than fifty miles from the**
55 **clinic. The collaborating physician is required to maintain**
56 **documentation related to this requirement and to present it to the state**

57 **board of registration for the healing arts if requested; and**

58 (c) Provide coverage during absence, incapacity, infirmity, or emergency
59 by the collaborating physician;

60 (6) A description of the advanced practice registered nurse's controlled
61 substance prescriptive authority in collaboration with the physician, including a
62 list of the controlled substances the physician authorizes the nurse to prescribe
63 and documentation that it is consistent with each professional's education,
64 knowledge, skill, and competence;

65 (7) A list of all other written practice agreements of the collaborating
66 physician and the advanced practice registered nurse;

67 (8) The duration of the written practice agreement between the
68 collaborating physician and the advanced practice registered nurse;

69 (9) A description of the time and manner of the collaborating physician's
70 review of the advanced practice registered nurse's delivery of health care
71 services. The description shall include provisions that the advanced practice
72 registered nurse shall submit a minimum of ten percent of the charts
73 documenting the advanced practice registered nurse's delivery of health care
74 services to the collaborating physician for review by the collaborating physician,
75 or any other physician designated in the collaborative practice arrangement,
76 every fourteen days; and

77 (10) The collaborating physician, or any other physician designated in the
78 collaborative practice arrangement, shall review every fourteen days a minimum
79 of twenty percent of the charts in which the advanced practice registered nurse
80 prescribes controlled substances. The charts reviewed under this subdivision may
81 be counted in the number of charts required to be reviewed under subdivision (9)
82 of this subsection.

83 4. The state board of registration for the healing arts pursuant to section
84 334.125 and the board of nursing pursuant to section 335.036 may jointly
85 promulgate rules regulating the use of collaborative practice arrangements. Such
86 rules shall be limited to specifying geographic areas to be covered, the methods
87 of treatment that may be covered by collaborative practice arrangements and the
88 requirements for review of services provided pursuant to collaborative practice
89 arrangements including delegating authority to prescribe controlled
90 substances. Any rules relating to dispensing or distribution of medications or
91 devices by prescription or prescription drug orders under this section shall be
92 subject to the approval of the state board of pharmacy. Any rules relating to

93 dispensing or distribution of controlled substances by prescription or prescription
94 drug orders under this section shall be subject to the approval of the department
95 of health and senior services and the state board of pharmacy. In order to take
96 effect, such rules shall be approved by a majority vote of a quorum of each
97 board. Neither the state board of registration for the healing arts nor the board
98 of nursing may separately promulgate rules relating to collaborative practice
99 arrangements. Such jointly promulgated rules shall be consistent with guidelines
100 for federally funded clinics. The rulemaking authority granted in this subsection
101 shall not extend to collaborative practice arrangements of hospital employees
102 providing inpatient care within hospitals as defined pursuant to chapter 197 or
103 population-based public health services as defined by 20 CSR 2150-5.100 as of
104 April 30, 2008.

105 5. The state board of registration for the healing arts shall not deny,
106 revoke, suspend or otherwise take disciplinary action against a physician for
107 health care services delegated to a registered professional nurse provided the
108 provisions of this section and the rules promulgated thereunder are
109 satisfied. Upon the written request of a physician subject to a disciplinary action
110 imposed as a result of an agreement between a physician and a registered
111 professional nurse or registered physician assistant, whether written or not, prior
112 to August 28, 1993, all records of such disciplinary licensure action and all
113 records pertaining to the filing, investigation or review of an alleged violation of
114 this chapter incurred as a result of such an agreement shall be removed from the
115 records of the state board of registration for the healing arts and the division of
116 professional registration and shall not be disclosed to any public or private entity
117 seeking such information from the board or the division. The state board of
118 registration for the healing arts shall take action to correct reports of alleged
119 violations and disciplinary actions as described in this section which have been
120 submitted to the National Practitioner Data Bank. In subsequent applications
121 or representations relating to his medical practice, a physician completing forms
122 or documents shall not be required to report any actions of the state board of
123 registration for the healing arts for which the records are subject to removal
124 under this section.

125 6. Within thirty days of any change and on each renewal, the state board
126 of registration for the healing arts shall require every physician to identify
127 whether the physician is engaged in any collaborative practice agreement,
128 including collaborative practice agreements delegating the authority to prescribe

129 controlled substances, or physician assistant agreement and also report to the
130 board the name of each licensed professional with whom the physician has
131 entered into such agreement. The board may make this information available to
132 the public. The board shall track the reported information and may routinely
133 conduct random reviews of such agreements to ensure that agreements are
134 carried out for compliance under this chapter.

135 7. Notwithstanding any law to the contrary, a certified registered nurse
136 anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to
137 provide anesthesia services without a collaborative practice arrangement provided
138 that he or she is under the supervision of an anesthesiologist or other physician,
139 dentist, or podiatrist who is immediately available if needed. Nothing in this
140 subsection shall be construed to prohibit or prevent a certified registered nurse
141 anesthetist as defined in subdivision (8) of section 335.016 from entering into a
142 collaborative practice arrangement under this section, except that the
143 collaborative practice arrangement may not delegate the authority to prescribe
144 any controlled substances listed in Schedules III, IV, and V of section 195.017.

145 8. A collaborating physician shall not enter into a collaborative practice
146 arrangement with more than three full-time equivalent advanced practice
147 registered nurses. This limitation shall not apply to collaborative arrangements
148 of hospital employees providing inpatient care service in hospitals as defined in
149 chapter 197 or population-based public health services as defined by 20 CSR
150 2150-5.100 as of April 30, 2008.

151 9. It is the responsibility of the collaborating physician to determine and
152 document the completion of at least a one-month period of time during which the
153 advanced practice registered nurse shall practice with the collaborating physician
154 continuously present before practicing in a setting where the collaborating
155 physician is not continuously present. This limitation shall not apply to
156 collaborative arrangements of providers of population-based public health services
157 as defined by 20 CSR 2150-5.100 as of April 30, 2008.

158 10. No agreement made under this section shall supersede current
159 hospital licensing regulations governing hospital medication orders under
160 protocols or standing orders for the purpose of delivering inpatient or emergency
161 care within a hospital as defined in section 197.020 if such protocols or standing
162 orders have been approved by the hospital's medical staff and pharmaceutical
163 therapeutics committee.

164 11. No contract or other agreement shall require a physician to act as a

165 collaborating physician for an advanced practice registered nurse against the
166 physician's will. A physician shall have the right to refuse to act as a
167 collaborating physician, without penalty, for a particular advanced practice
168 registered nurse. No contract or other agreement shall limit the collaborating
169 physician's ultimate authority over any protocols or standing orders or in the
170 delegation of the physician's authority to any advanced practice registered nurse,
171 but this requirement shall not authorize a physician in implementing such
172 protocols, standing orders, or delegation to violate applicable standards for safe
173 medical practice established by hospital's medical staff.

174 12. No contract or other agreement shall require any advanced practice
175 registered nurse to serve as a collaborating advanced practice registered nurse
176 for any collaborating physician against the advanced practice registered nurse's
177 will. An advanced practice registered nurse shall have the right to refuse to
178 collaborate, without penalty, with a particular physician.

179 **13. Nothing contained in this section shall be construed to**
180 **supersede the provisions of section 188.080, section 334.245 or any other**
181 **provision of law that prohibits any person other than a physician from**
182 **performing or inducing or attempting to perform or induce an abortion**
183 **on another. Performing or inducing an abortion under telemedicine or**
184 **telehealth, whereby the physician is in a location other than where the**
185 **patient is located, is not authorized by this section or any other**
186 **provision of law.**

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